

July 6, 2020

MEMORANDUM

TO: Occupational Therapist (OT)/Occupational Therapist Assistant (OTA) Licensees

FROM: Amirah Saleem
Special Project Officer IV

RE: Late Licensure Renewal

Your license to practice as a OT or OTA in Mississippi expired at midnight, June 30, 2020. Enclosed is the form for licensure renewal. Steps for renewal are listed below:

1. Renewal Application Form - Please complete both sides of this form in its entirety. Personal and business information should be updated to the right of any incorrect information. All official notices are sent to your listed home address.
2. Continuing Education (CE) - Enclose appropriate documentation of CE credit including proof that the course or provider was approved by an entity listed in section 7-4 of the regulations if proof is not evident on the documentation.
3. Fee(s) - Enclose a check or money order in the amount of **\$150.00 (OT) or \$100.00 (OTA)** made payable to the **Mississippi State Department of Health (MSDH)**.
4. Late Fee - Enclose a check or money order in the amount of **\$125.00** made payable to the **Mississippi State Department of Health (MSDH)**. (*Note*)

NOTE: Any application postmarked/filed after April 30, 2016, is considered lapsed. Once a license has lapsed, late fees, in addition to other licensure renewal requirements, are needed before a license may be renewed. Please refer to section 6-3 of the *Regulations Governing Licensure of Occupational Therapists and Occupational Therapist Assistants (revised April 2002)*. A current license is needed to provide occupational therapy services (see section 5-1 of the regulations).

Licensees not renewing licensure should update appropriate information, check the box on the renewal form, sign the form, and return it to this office.

You are reminded that it is the licensee's responsibility to notify this office, in writing, of any changes in personal or professional status. This includes, but is not limited to address changes, name changes (include a copy of the legal instrument effecting the change, a copy of the drivers' license, social security card that reflects your new name, copy of your marriage certificate or divorce decree), employment changes, notices of non-renewal of license and notices of licensure exemption.

A minimum turnaround time of two weeks should be expected once a completed renewal application is on file. Please plan accordingly. Certified mail should be used if receipt verification is desired.

MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE – OCCUPATIONAL THERAPY
P.O. BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360

☐ Check here if you do not wish to renew

**RENEWAL APPLICATION - 2020-2021
CORRECT AND UPDATE ALL INFORMATION**

PERSONAL

Name: _____ **License #:** _____ **DOB:** _____

Address: _____

County: _____ **Phone:** _____

Email address: _____

EMPLOYER

Name: _____

Address: _____

County: _____ **Phone:** _____

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1. Have you been convicted of a crime since your last renewal? If yes, attach a full explanation. < _____ >
 2. Have any lawsuits been filed against you since your last renewal?
If yes, attach a full explanation. < _____ >
 3. Has any license been encumbered in any way since your last renewal?
If yes, attach a full explanation. < _____ >

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Occupational Therapist and Occupational Therapy Assistants and affirm that all conditions for licensure have been met and will be maintained. Failure to disclose requested information could result in disciplinary action as outlined in the Regulations.

(Applicant's Signature)

(Date)

- HAVE YOU**
1. Reviewed the above information and made all corrections?
 2. Completed the back of this page and attached CE Verifications?
 3. Answered renewal questions, signed and dated the renewal notice?
 4. Enclosed the renewal fee (AND OTHER FEES AS APPLICABLE) made payable to MS Department of Health?

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE – OT/OTA
P.O. BOX 1700
JACKSON, MS 39215-1700

WHEN COMPLETED PLEASE MAIL TO AN ADDRESS AT THE TOP OF THE NOTICE